

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

#### 1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....  
City **St Louis Mo.**

Primary Registration District No. **Lutheran Hospital**

2. FULL NAME **Herman John Kohl**

(a) Residence, No. **911 Emmett St** St. **23** Ward. **1**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

#### PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Agnes Kohl** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 7 1885**

7. AGE YEARS **51** MONTHS **11** DAYS **2** IF LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoemaker**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Illinois** (STATE OR COUNTRY)

13. NAME **Julius Kohl** **Germany**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME **Elizabeth Kloess**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Agnes Kohl** (ADDRESS) **911 Emmett St**

18. BURIAL, CREMATION, OR REMOVAL **St Peters Bellville** PLACE DATE **Jan 12, 1937**

19. UNDERTAKER **Thos Kuttis** (ADDRESS) **2906 Francis Ave**

20. FILE **JAN 11 1937** 19 **J. H. Brubaker** Registrar.

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-9**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1**, 19**33**, to **Jan. 9**, 19**37**.

I last saw him alive on **Jan. 7**, 19**37**. Death is said to have occurred on the date stated above, at **10 A. M.**

The principal cause of death and related causes of importance were as follows:

**Renal failure of 1 hour & 15 min.** Date of onset **1.8.37**

Other contributory causes of importance:

**Myocardial infarction** **34-35**  
**Arteriosclerosis** **34-35**  
**Chronic passive congestion of liver** **34-35**  
**and long standing heart condition**

Name of operation **Examination** Date of **1-9-37**

What test confirmed diagnosis? **Examination** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no** If so, specify

(Signed) **Dr. L. H. Koch** M. D. (Address) **3115 S. Grand**

